

# **Exhibit G**

## **Inmate File**

08/01/2005 20:05:56

## LEE COUNTY SHERIFF'S OFFICE

## INMATE RELEASE SHEET

PAGE 1

BOOKING NO: 050003463

INMATE NAME: FOREMAN EDDIE LEWIS JR

ALIAS:

RACE: B SEX: M

ALIAS:

HT: 6'00" HAIR: BLK

ADDRESS: [REDACTED]

WT: 166 EYES: BRO

CITY/ST/ZIP: [REDACTED]

COMPLEX: DRK

HOME PHONE: [REDACTED]

SSN: [REDACTED]

DOB: [REDACTED] AGE: 31

DL ST: AL

DLN: [REDACTED]

PLCE BIRTH: LEE CO

SID:

STATE: AL

LOCID: 10899

M. STATUS: MARRIED

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES: NONE CLAIMED

REMARKS:

## ----- NEXT OF KIN -----

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

ADDRESS:

PHONE: [REDACTED]

CITY/ST/ZIP: OPELIKA, AL

REMARKS:

## ----- EMPLOYER INFO -----

EMPLOYED: Y

EMPLOYER NAME: BARNETT CONSTRUCTION

ADDRESS: N

CITY/ST/ZIP: NOTASULGA, AL

PHONE: 000-000-0000

## ----- MEDICAL -----

HANDICAPPED: N NEEDS: N

GLASSES: N SMOKE: Y

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN: N

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

## ----- PROPERTY -----

CASH: \$463.00

DESCRIPTION:

ADD. PROPERTY: STREET CLOTHIG, SET KEYS , BELT, CELL PHONE

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 160

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: @ Eddie ForemanDATE: 8/1/05TIME: 20:20BOOK OFFICER: AaronDATE: 8/1/05TIME: 20:20

## LEE COUNTY SHERIFF'S OFFICE

08/01/2005 20:05:56

## INMATE RELEASE SHEET

PAGE 2

BOOKING NO: 050003463

INMATE NAME: FOREMAN EDDIE LEWIS JR

COURT: DISTRICT

ATTORNEY ON REC:

JUDGE:

PHONE: 000-000-0000

REMARKS:

REMARKS:

BOOK DATE: 08/01/2005 BOOK TIME: 08:13 BOOK TYPE: NORMAL

ARREST DATE: 08/01/2005

BOOKING OFFICER: AUSBY

ARREST DEPT: LCSO

CELL ASSIGNMENT:

ARRST OFFICER: MITCHELL

MEAL CODE: 01 LEE COUNTY

PROJ. RLS DATE: 00/00/0000

FACILITY: 01 COUNTY JAIL

SEARCH OFFICER: FRAZIER

CLASSIFICATION:

WORK RELEASE: N

TYPE SEARCH: PAT

INTOX RESULTS:

HOLDS: N

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 08/01/2005 RELEASE TIME: 20:04 # DAYS SERVED: 1

RELEASE OFFICER: AARON

RELEASE TYPE: BOND

REMARKS: ~~A BONDING~~/WANDA

REMARKS: NCIC CLEAR/SHERIITA

REMARKS: COURT DATE 9/7/2005 AT 0900 AM

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Edddie L. Foreman DATE: 8/1/05 TIME: 20:20BOOK OFFICER: Aaron DATE: 8/1/05 TIME: 20:20

08/01/2005 20:05:56 LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET PAGE 3  
=====

BOOKING NO: 050003463 INMATE NAME: FOREMAN EDDIE LEWIS JR  
=====

CHARGE NO: 1 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: DOMESTIC VIOLENCE (ASSAU III) WARRANT #:  
CASE #:  
BOND AMT: 1,000 FINE: \$0.00  
BAIL AMT: 1,000  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 08/01/2005  
ARREST DATE: 08/01/2005 ARST AGENCY: LCSO  
ARST OFFICR: MITCHELL COUNTY: LEE  
COURT: DISTRICT JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS: INMATE RELEASED BY D36  
-----

08/01/2005 08:17:45 LEE COUNTY SHERIFF'S OFFICE  
INMATE BOOKING SHEET PAGE 1

BOOKING NO: 050003463

INMATE NAME: FOREMAN EDDIE LEWIS JR

ALIAS:

ALIAS:

ADDRESS: [REDACTED]

CITY/ST/ZIP: [REDACTED]

HOME PHONE: [REDACTED]

DOB: [REDACTED] AGE: 31

PLCE BIRTH: LEE CO

STATE: AL

M. STATUS: MARRIED

RELIGION: CHRISTIAN

GANG ASSOC: NONE

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES: NONE CLAIMED

REMARKS:

RACE: B SEX: M

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

COMPLEX: DRK

SSN: [REDACTED]

DL ST: AL DLN: [REDACTED]

SID:

LOCID: 10899

----- NEXT OF KIN -----

NEXT OF KIN: JOAN FOREMAN

ADDRESS:

CITY/ST/ZIP: OPELIKA, AL

REMARKS:

RELATIONSHIP: MOTHER

PHONE: [REDACTED]

----- EMPLOYER INFO -----

EMPLOYED: Y

EMPLOYER NAME: BARNETT CONSTRUCTION

ADDRESS: N

CITY/ST/ZIP: NOTASULGA, AL

PHONE: 000-000-0000

----- MEDICAL -----

HANDICAPPED: N NEEDS: N

GLASSES: N SMOKE: Y

MEDICAL NEEDS: N NEEDS: N

PHYSICIAN: N

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

----- PROPERTY -----

CASH: \$463.00

DESCRIPTION:

ADD. PROPERTY: STREET CLOTHIG, SET KEYS , BELT, CELL PHONE

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 160

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

*Sheri Cleor*

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: *Eddie Foreman Jr.*

DATE: *8-1-05*

TIME: *800*

BOOK OFFICER: *Ausby*

DATE: *8-1-05*

TIME: *800*

08/01/2005 08:17:45 LEE COUNTY SHERIFF'S OFFICE  
INMATE BOOKING SHEET PAGE 2

=====

BOOKING NO: 050003463 INMATE NAME: FOREMAN EDDIE LEWIS JR

=====

COURT: DISTRICT ATTORNEY ON REC:  
JUDGE: PHONE: 000-000-0000  
REMARKS:  
REMARKS:

-----

BOOK DATE: 08/01/2005 BOOK TIME: 08:13 BOOK TYPE: NORMAL

ARREST DATE: 08/01/2005 BOOKING OFFICER: AUSBY  
ARREST DEPT: LCSO CELL ASSIGNMENT: HC3  
ARRST OFFICER: MITCHELL MEAL CODE: 01 LEE COUNTY  
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL  
SEARCH OFFCR: FRAZIER CLASSIFICATION:  
TYPE SEARCH: PAT WORK RELEASE: N  
INTOX RESULTS:

HOLDS: N  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:

NOTES:  
NOTES:  
NOTES:

08/01/2005 08:17:45 LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET PAGE 3  
=====

BOOKING NO: 050003463 INMATE NAME: FOREMAN EDDIE LEWIS JR  
=====

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: DOMESTIC VIOLENCE (ASSAU III) WARRANT #:  
CASE #:  
BOND AMT: 1,000 FINE: \$0.00  
BAIL AMT: 1,000  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/01/2005 ARST AGENCY: LCSO  
ARST OFFICR: MITCHELL COUNTY: LEE  
COURT: DISTRICT JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

-----  
made Bond Court 9-7-05  
-----

08/01/2005 08:17:45 LEE COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM PAGE 1

Booking No: 050003463 Date: 08/01/2005 Time: 08:13 Type: NORMAL  
Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS JR Race: B Sex: M  
DOB: [REDACTED] Age: 31 SSN: [REDACTED] Height: 6'00" Weight: 166

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7. Does inmate's behavior suggest the risk of suicide or assault?
- N 8. Is inmate carrying any medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- |                       |                                  |                              |
|-----------------------|----------------------------------|------------------------------|
| <u>4</u> a. Allergies | <u>4</u> f. Fainting Spells      | <u>N</u> k. Seizures         |
| <u>N</u> b. Arthritis | <u>N</u> g. Hearing Condition    | <u>N</u> l. Tuberculosis     |
| <u>N</u> c. Asthma    | <u>N</u> h. Hepatitis            | <u>N</u> m. Ulcers           |
| <u>N</u> d. Diabetes  | <u>N</u> i. High Blood Pressure  | <u>N</u> n. Venereal Disease |
| <u>N</u> e. Epilepsy  | <u>N</u> j. Psychiatric Disorder | <u>/</u> o. Other (Specify)  |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. For females only:

- N a. Are you pregnant?
- N b. Do you take birth control pills?
- N c. Have you recently delivered?



08/01/2005 08:17:45 LEE COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM PAGE 2  
=====

Booking No: 050003463 Date: 08/01/2005 Time: 08:13 Type: NORMAL  
Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS JR Race: B Sex: M  
DOB: [REDACTED] Age: 31 SSN: [REDACTED] Height: 6'00" Weight: 166  
-----

- N   13. Have you recently been hospitalized or treated by a doctor?
- N   14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N   15. Are you allergic to any medication? *anesthetics*
- N   16. Do you have any handicaps or conditions that limit activity?
- N   17. Have you ever attempted suicide or are you thinking about it now?
- N   18. Do you regularly use alcohol or street drugs?
- N   19. Do you have any problems when you stop drinking or using drugs?
- N   20. Do you have a special diet prescribed by a physician?
- N   21. Do you have any problems or pain with your teeth?
- N   22. Do you have any other medical problems we should know about?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: *Ed Foreman Jr* *8-1-05* DATE: *8-1-05* TIME: *800*

BOOK OFFICER: *Arsky* DATE: *8-1-05* TIME: *800*

05/30/2004 17:19:49 LEE COUNTY SHERIFF'S OFFICE  
 MEDICAL SCREENING FORM PAGE 1

Booking No: 040002557 Date: 05/30/2004 Time: 17:03 Type: NORMAL  
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS Race: B Sex: M  
 DOB: ~~05/23/1973~~ Age: 30 SSN: ~~██████████~~ Height: 6'00" Weight: 166

1. Is inmate unconscious?
2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
4. Any signs of poor skin condition, vermin, rashes or needle marks?
5. Does inmate appear to be under the influence of drugs or alcohol?
6. Any visible signs of alcohol or drug withdrawal?
7. Does inmate's behavior suggest the risk of suicide or assault?
8. Is inmate carrying any medication?
9. Does the inmate have any physical deformities?
10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
 

<ol style="list-style-type: none"> <li>a. Allergies</li> <li>b. Arthritis</li> <li>c. Asthma</li> <li>d. Diabetes</li> <li>e. Epilepsy</li> </ol>	<ol style="list-style-type: none"> <li>f. Fainting Spells</li> <li>g. Hearing Condition</li> <li>h. Hepatitis</li> <li>i. High Blood Pressure</li> <li>j. Psychiatric Disorder</li> </ol>	<ol style="list-style-type: none"> <li>k. Seizures</li> <li>l. Tuberculosis</li> <li>m. Ulcers</li> <li>n. Venereal Disease</li> <li>o. Other (Specify)</li> </ol>
---	---	--

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. For females only:

- a. Are you pregnant?
- b. Do you take birth control pills?
- c. Have you recently delivered?

05/30/2004 17:19:49 LEE COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM PAGE 2

Booking No: 040002557 Date: 05/30/2004 Time: 17:03 Type: NORMAL  
Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS Race: B Sex: M  
DOB: [REDACTED] Age: 30 SSN: [REDACTED] Height: 6'00" Weight: 166

13. Have you recently been hospitalized or treated by a doctor?
14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
15. Are you allergic to any medication?
16. Do you have any handicaps or conditions that limit activity?
17. Have you ever attempted suicide or are you thinking about it now?
18. Do you regularly use alcohol or street drugs?
19. Do you have any problems when you stop drinking or using drugs?
20. Do you have a special diet prescribed by a physician?
21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie Foreman Jr DATE: 5-30-04 TIME: \_\_\_\_\_  
BOOK OFFICER: Ausby DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

01/29/2002 15:42:05

LEE COUNTY SHERIFF'S OFFICE  
INMATE RELEASE SHEET

PAGE 1

BOOKING NO: 020000446

INMATE NAME: FOREMAN EDDIE LEWIS

ALIAS:

ALIAS:

ADDRESS: [REDACTED]

CITY/ST/ZIP: [REDACTED]

HOME PHONE: 334-111-8535

DOB: [REDACTED] AGE: 28

PLCE BIRTH: LEE CO

STATE: AL

M. STATUS: SINGLE

RELIGION:

GANG ASSOC:

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES:

REMARKS:

RACE: B

SEX: M

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

COMPLEX:

SSN: [REDACTED]

DL ST:

DLN:

SID:

LOCID: 10899

## NEXT OF KIN

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

ADDRESS:

PHONE: 000-000-0000

CITY/ST/ZIP: ,

REMARKS:

## EMPLOYER INFO

EMPLOYED: N

EMPLOYER NAME:

ADDRESS:

CITY/ST/ZIP:

State of Alabama  
Unified Judicial System

Form C-42

Rev 6/88

ORDER OF RELEASE  
FROM JAIL

Case Number

CC 96-493-619 CC-96-581

CC 92-1002-1003

IN THE CLAYTON COURT OF LEE COUNTYSTATE OF ALABAMA v. Eddie Lewis Foreman

TO THE JAILER WITH CUSTODY OF THE DEFENDANT

You are ordered to release from your custody the above named defendant, charged with the offense of

FTP- Unlawful Distribution Controlled Substance, Disorderly Conduct, Resisting Arrest,Reason for Release Unlawful Poss. of Cocaine, Resisting ArrestTo Pay \$100 per month Bail, and 11, 2000 @ 100000Date January 29, 2002

COURT RECORD (Original)

JAILER (Copy)

Judge/Clerk

By: [Signature]

INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X Eddie Foreman

DATE:

TIME:

BOOK OFFICER: M. [Signature]DATE: 1/29/02TIME: 1542

01/29/2002 15:42:05 LEE COUNTY SHERIFF'S OFFICE  
INMATE RELEASE SHEET PAGE 2  
=====

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS  
=====

COURT: ATTORNEY ON REC:  
JUDGE: PHONE: 000-000-0000  
REMARKS:  
REMARKS:

-----

BOOK DATE: 01/29/2002 BOOK TIME: 12:14 BOOK TYPE: NORMAL

ARREST DATE: 01/29/2002 BOOKING OFFICER: MILNER  
ARREST DEPT: LCSO CELL ASSIGNMENT:  
ARRST OFFICER: ONEAL MEAL CODE: 01 LEE COUNTY  
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL  
SEARCH OFFCR: COBBS CLASSIFICATION:  
TYPE SEARCH: WORK RELEASE: N  
INTOX RESULTS:

HOLDS: N  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:

NOTES:  
NOTES:  
NOTES:

=====

RELEASE DATE: 01/29/2002 RELEASE TIME: 15:40 # DAYS SERVED: 1

RELEASE OFFICER: MILNER  
REMARKS: RLSE PER MAJOR TORBERT  
REMARKS: ORDER OF RELEASE ON ALL CHARGES/REVIEW OCT.16,2002  
REMARKS: AND SEPT 26,2002

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL  
INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## LEE COUNTY SHERIFF'S OFFICE

01/29/2002 15:42:05

## INMATE CHARGE SHEET

PAGE 3

BOOKING NO: 020000446

INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 1 DISPOSITION: RELEASED

HOLD: N

## ALA STATUTE:

# OF COUNTS: 1

OFFENSE: FTP/POSS CTRL SUBS

WARRANT #:

CASE #: CC92-1002

BOND AMT: 0

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS: ORDER OF RELEASE

COMMENTS:

CHARGE NO: 2 DISPOSITION: RELEASED

HOLD: N

## ALA STATUTE:

# OF COUNTS: 1

OFFENSE: FTP/APPEAL

WARRANT #:

CASE #: CC96-584

BOND AMT: 0

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS: ORDER OF RELEASE

CHARGE NO: 3 DISPOSITION: RELEASED

HOLD: N

## ALA STATUTE:

# OF COUNTS: 1

OFFENSE: FTP/APPEAL

WARRANT #:

CASE #: CC96-619

BOND AMT: 0

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 01/29/2002

ARST AGENCY: LCSO

ARST OFFICR: ONEAL

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS: ORDER OF RELEASE

COMMENTS:

## LEE COUNTY SHERIFF'S OFFICE

01/29/2002 15:42:05

## INMATE CHARGE SHEET

PAGE 4

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 4 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/APPEAL WARRANT #:  
CASE #: CC94-1234  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS: ORDER OF RELEASE  
COMMENTS:

CHARGE NO: 5 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/RESISTING WARRANT #:  
CASE #: CC92-1003  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS: ORDER OF RELEASE  
COMMENTS:

CHARGE NO: 6 DISPOSITION: DROPPED HOLD: N

ALA STATUTE: # OF COUNTS: 0  
OFFENSE: WARRANT #:  
CASE #:  
BOND AMT: FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 00/00/0000 ARST AGENCY:  
ARST OFFICR: COUNTY:  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

01/29/2002 12:29:38 LE COUNTY SHERIFF'S OFFICE PAGE 1  
INMATE BOOKING SHEET  
=====

BOOKING NO: 020000446

INMATE NAME: FOREMAN EDDIE LEWIS

ALIAS:

RACE: B SEX: M

ALIAS:

HT: 6'00" HAIR: BLK

WT: 166 EYES: BRO

ADDRESS: [REDACTED]

COMPLEX:

CITY/ST/ZIP: [REDACTED]

SSN: [REDACTED]

HOME PHONE: [REDACTED]

DOB: [REDACTED] AGE: 28

DL ST: DLN:

PLCE BIRTH: LEE CO

SID:

STATE: AL

LOCID: 10899

M. STATUS: SINGLE

RELIGION:

GANG ASSOC:

SCARS/TATTOOS: NUMEROUS TATTOOS

KNOWN ENEMIES:

REMARKS:

----- NEXT OF KIN -----

NEXT OF KIN: JOAN FOREMAN

RELATIONSHIP: MOTHER

ADDRESS:

PHONE: 000-000-0000

CITY/ST/ZIP: ,

REMARKS:

----- EMPLOYER INFO -----

EMPLOYED: N

EMPLOYER NAME:

ADDRESS:

CITY/ST/ZIP: ,

PHONE: 000-000-0000

----- MEDICAL -----

HANDICAPPED: NEEDS:

GLASSES: SMOKE:

MEDICAL NEEDS: NEEDS:

PHYSICIAN:

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

----- PROPERTY -----

CASH: \$22.25

DESCRIPTION: \$22.00 CURRENCY .25CENTS

ADD. PROPERTY: BLUE HEAD RAG, LIGHTER, TCKT, BELT, CELL PHONE

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER:

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie Foreman

DATE: 1-29-02 TIME: \_\_\_\_\_

BOOK OFFICER: M. Over

DATE: 1/29/02 TIME: 1240



01/29/2002 12:29:38 LEE COUNTY SHERIFF'S OFFICE  
INMATE BOOKING SHEET PAGE 2

=====

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

=====

COURT: ATTORNEY ON REC:  
JUDGE: PHONE: 000-000-0000  
REMARKS:  
REMARKS:

-----

BOOK DATE: 01/29/2002 BOOK TIME: 12:14 BOOK TYPE: NORMAL

ARREST DATE: 01/29/2002 BOOKING OFFICER: MILNER  
ARREST DEPT: LCSO CELL ASSIGNMENT: HC3  
ARRST OFFICER: ONEAL MEAL CODE: 01 LEE COUNTY  
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL  
SEARCH OFFCR: COBBS CLASSIFICATION:  
TYPE SEARCH: WORK RELEASE: N  
INTOX RESULTS:

HOLDS: N  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:

NOTES:  
NOTES:  
NOTES:

01/29/2002 12:29:38 LEE COUNTY SHERIFF'S OFFICE INMATE CHARGE SHEET PAGE 3

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/POSS CTRL SUBS WARRANT #:  
CASE #: CC92-1002  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 2 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/APPEAL WARRANT #:  
CASE #: CC96-584  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 3 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/APPEAL WARRANT #:  
CASE #: CC96-619  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

01/29/2002 12:29:38 LEE COUNTY SHERIFF'S OFFICE INMATE CHARGE SHEET PAGE 4

BOOKING NO: 020000446 INMATE NAME: FOREMAN EDDIE LEWIS

CHARGE NO: 4 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/APPEAL WARRANT #:  
CASE #: CC94-1234  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 5 DISPOSITION: OPEN HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: FTP/RESISTING WARRANT #:  
CASE #: CC92-1003  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 01/29/2002 ARST AGENCY: LCSO  
ARST OFFICR: ONEAL COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 6 DISPOSITION: DROPPED HOLD: N

ALA STATUTE: # OF COUNTS: 0  
OFFENSE: WARRANT #:  
CASE #:  
BOND AMT: FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 00/00/0000 ARST AGENCY:  
ARST OFFICR: COUNTY:  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

LEE COUNTY SHERIFF'S OFFICE  
 01/29/2002 12:29:39 MEDICAL SCREENING FORM PAGE 1  
 =====  
 Booking No: 020000446 Date: 01/29/2002 Time: 12:14 Type: NORMAL  
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS Race: B Sex: M  
 DOB: [REDACTED] Age: 28 SSN: [REDACTED] Height: 6'00" Weight: 166  
 -----

- 1 1. Is inmate unconscious?
2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
4. Any signs of poor skin condition, vermin, rashes or needle marks?
5. Does inmate appear to be under the influence of drugs or alcohol?
6. Any visible signs of alcohol or drug withdrawal?
7. Does inmate's behavior suggest the risk of suicide or assault?
8. Is inmate carrying any medication?
9. Does the inmate have any physical deformities?
10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?

- |                       |                             |                      |
|-----------------------|-----------------------------|----------------------|
| <u>1</u> a. Allergies | <u>1</u> f. Fainting Spells | <u>1</u> k. Seizures |
| b. Arthritis          | g. Hearing Condition        | l. Tuberculosis      |
| c. Asthma             | h. Hepatitis                | m. Ulcers            |
| d. Diabetes           | i. High Blood Pressure      | n. Venereal Disease  |
| e. Epilepsy           | j. Psychiatric Disorder     | o. Other (Specify)   |

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. For females only:

- ~~a. Are you pregnant?~~
- ~~b. Do you take birth control pills?~~
- ~~c. Have you recently delivered?~~

01/29/2002 12:29:39 LEE COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM PAGE 2

Booking No: 020000446 Date: 01/29/2002 Time: 12:14 Type: NORMAL  
Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: FOREMAN EDDIE LEWIS Race: B Sex: M  
DOB: [REDACTED] Age: 28 SSN: [REDACTED] Height: 6'00" Weight: 166

- N 13. Have you recently been hospitalized or treated by a doctor?
14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
15. Are you allergic to any medication?
16. Do you have any handicaps or conditions that limit activity?
17. Have you ever attempted suicide or are you thinking about it now?
18. Do you regularly use alcohol or street drugs?
- W 19. Do you have any problems when you stop drinking or using drugs?
20. Do you have a special diet prescribed by a physician?
21. Do you have any problems or pain with your teeth?
22. Do you have any other medical problems we should know about?

use marijuana and DRINK alcohol

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: Eddie Foreman DATE: 1-29-02 TIME:           

BOOK OFFICER:                                  DATE:                          TIME:

DAILY BOOKING SHEET  
LEE COUNTY JAIL  
OPELIKA, ALABAMADate 3/24/97Time 1510Social Security No. [REDACTED]I.D. NO. 10599 415-98-1226Photo N FP NName Foreman Eddie Lewis Race B Sex M Age 23 Eyes Bro Hair Blk  
(Last) (First)Ht. 6'0" Wt. 160 DOB [REDACTED] NCIC Check [REDACTED]Address [REDACTED] Street Apt. City State ZipMade PX ☒ Yes ☐ No Reason S/M/T on both legs and armsNext of Kin Kenyetta Foreman (Finely) Relationship WifeAddress 504 Ave. B. 162 Lee Rd. 867 Auburn, AL 36830 621-751  
Street Apt. City State Zip PhoneCHARGE FTA - Unlawful BOND \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
CHARGE Det. of a Cont. BOND \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
CHARGE Substance BOND \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_HOLDS: AGENCY \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
AGENCY \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
AGENCY \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES ☒ NO ☐a. IF SO, STATE YOUR PROBLEM(S) back hurts2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES ☒ NO ☐a. IF SO, WHAT KIND Motrin 800 or Ibuprofen 8003. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES ☐ NO ☒ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES ☐ NO ☒ WHAT: \_\_\_\_\_6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES ☐ NO ☒

a. DOCTOR'S NAME \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES ☐ NO ☒

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh. 97 U.S. POSTAL SERVICE.

YES ☒ NO ☐Signature of Person Arrested Eddie ForemanARRESTING OFFICER(S) Deputy MeadowsBOOKING OFFICER Greg D. Welch

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 03-19-97Signature of Person Released Eddie ForemanTIME OF RELEASE 01:00TYPE OF RELEASE 30 DaySignature of Release Officer [Signature]Date of Arrest 3/24/97

ALIAS

(MIDDLE)

(FIRST)

(LAST)

NAME

[illegible]

LEE COUNTY SHERIFF'S DEPARTMENT  
RECEIPT OF PERSONAL PROPERTY BAGS

I, Eddie Foreman, HAVE RECEIVED A PROPERTY BAG FROM  
THE LEE COUNTY SHERIFF'S DEPARTMENT AND UNDERSTAND THAT I AM RESPONSIBLE  
FOR THIS ITEM.

UPON MY RELEASE FROM THIS INSTITUTION, I WILL RETURN THE PROPERTY BAG.  
I ALSO UNDERSTAND THAT I'M RESPONSIBLE FOR A \$5.00 REPLACEMENT FEE FOR  
LOSS OR DAMAGES TO THE PROPERTY BAG. IF I FAIL TO PAY THE FEE, CRIMINAL  
CHARGES WILL BE FILED AGAINST ME FOR DESTRUCTION OF LEE COUNTY PROPERTY.

x Eddie Foreman  
INMATE SIGNATURE, DATE & TIME

Cory D. Welch  
OFFICER SIGNATURE, DATE & TIME

---

RETURN OF PERSONAL PROPERTY BAG  
FOR OFFICIAL USE ONLY

PLEASE CHECK STATEMENT THAT APPLIES TO RELEASED INMATE:

- ☐ PROPERTY BAG WAS RETURNED UPON INMATE'S RELEASE  
☐ PROPERTY BAG WAS DAMAGED OR LOSS UPON INMATE'S RELEASE  
☐ \$5.00 REPLACEMENT FEE WAS PAID FOR DAMAGES  
☐ \$5.00 REPLACEMENT FEE WAS PAID FOR LOSS  
☐ \$5.00 REPLACEMENT FEE WAS NOT PAID BY INMATE

OFFICER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eddie Foreman



**LEE COUNTY SHERIFF'S DEPARTMENT  
REGULATIONS RECEIPT**

(Form #7)

Date: 3/24/97

Time: 1405

I, Eddie Foreman, have received copy number \_\_\_\_\_ of the Rules and Regulations governing inmates in the Lee County Jail which I am/am not (mark one out) able to read. I understand that while in this institution I will abide by these Rules and Regulations.

I will return the copy of the Rules and Regulations upon my release from jail. I also understand that I will be responsible for the loss or any damage of the Inmate Rules and Regulations Handbook and will be charged \$2 for its replacement. I also understand that if I fail to pay for the replacement of the lost or damaged handbook I will have additional criminal charges filed against me for destruction of county property.

Years of School 11

X Eddie Foreman  
Inmate's Signature

X Eddie Foreman has today received copy number 310 of the Lee County Sheriff's Department Rules and Regulations for Inmates.

- ☒ Said inmate stated to me that he was able to read the Rules and Regulations.
- ☐ Said inmate stated that he was not able to read the Rules and Regulations and I explained the orientation rules to him.

Cory O. Welch  
Jailer's Signature

Date: 3/24/97 Time: 1605



LEE COUNTY SHERIFF DEPARTMENT

DETENTION DIVISION

PATIENT CONSENT TO PHYSICAL EXAM/TREATMENT



NAME \_\_\_\_\_ DOB \_\_\_\_\_ RACE \_\_\_\_\_ SS# \_\_\_\_\_

NAME / ADDRESS OF SPOUSE / PARENT \_\_\_\_\_

ADMISSION DATE \_\_\_\_\_ TIME \_\_\_\_\_

1. I hereby authorize the Lee County Sheriff Department, it's contracted employees, agents, physicians, dentists, psychiatrist and/or such assistants as may be selected by him/her to treat the condition(s) which appear indicated by the diagnostic studies already performed.
2. I give my consent to a physical assessment to include, but not limited to, syphilis, HIV and TB skin tests. I understand these tests are performed as required by the facility and will become a part of my personal folder. I also understand that I will be contacted by a health department representative about all problem STD and TB skin test results.
3. Should surgical or diagnostic procedures become necessary, I will be informed of them with regard to alternate modes of treatment, the risks involved, and the nature of the procedure(s) to be done.
4. This in no way constitutes a warranty or guarantee that my present condition will be cured; the Lee County Sheriff Department, it's contracted staff, and employees, will provide the best possible care available, but no assurance of cure is to be assumed.
5. I am signing this willingly and voluntarily in full understanding of the above and in so doing I release the department of corrections, it's directors and officers, it's contracted staff employees, agents, and physicians from any and all liability which may arise from this action, whether or not foreseen at present.
6. I fully understand that I have the right to refuse to sign this medical authorization form and in doing so, no medical services other than emergency life saving procedures will be offered.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

LEE COUNTY  
SHERIFF'S DEPARTMENT

MEDICAL CHARGE ACKNOWLEDGEMENT FORM  
INMATE CO-PAYMENT FOR MEDICAL SERVICE RENDERED

POLICY

Sick call is conducted on a scheduled basis by a registered nurse and is available to all inmates. All inmates will be charged a fee for non-emergency treatment. No inmate will not be denied medical treatment for any reason.

PROCEDURE

1. Costs for non-emergency treatment will be charged to the inmate as follows

- |                    |         |                  |         |
|--------------------|---------|------------------|---------|
| a) Sick call visit | \$10.00 | b) Dental visit  | \$10.00 |
| c) Doctor visit    | \$10.00 | d) Prescriptions | \$03.00 |

e) Follow-up visit NO CHARGE

f) Non-prescription medication \$0.25 per each pill up to a \$3.00 limit.

2. At the conclusion of each sick call visit, the nurse will complete a charge slip and the inmate will sign the slip and receive a copy.

3. The remaining medical charge forms are given to the booking officer on duty when the sick call is completed.

4. The booking officer submits one(1) copy of the medical charge form to the court clerk for payment from inmate account.

5. One (1) copy of the medical charge form is placed in the inmate's medical file.

6. Payment for medical treatments will be payable to the Lee County Commission.

I, Eddie Foreman, state that I have read, or have read to me, this form regarding the policies and procedures on inmate co-payments for medical services rendered. I state that I acknowledge and fully understand these policies and procedures.

x Eddie Foreman  
Inmate Signature, Date and Time

Cory D. Welch 3/24/97  
Officer's Signature, Date and Time

1605

Name &amp; Number: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH HISTORY FORM  
CONFIDENTIAL**

(Form #9)

HAVE YOU EVER?	YES	NO	DO YOU?	YES	NO		
Lived with anyone who had TB		<input checked="" type="checkbox"/>	Wear glasses or contact lenses		<input checked="" type="checkbox"/>		
Coughed up blood		<input checked="" type="checkbox"/>	Have vision in both eyes		<input checked="" type="checkbox"/>		
Bled excessively after injury		<input checked="" type="checkbox"/>	Wear a brace or back support		<input checked="" type="checkbox"/>		
Attempted suicide		<input checked="" type="checkbox"/>					
Been tested HIV positive	<input checked="" type="checkbox"/>						
HAVE YOU EVER HAD OR HAVE YOU NOW?	YES	NO	DON'T KNOW	HAVE YOU EVER HAD OR HAVE YOU NOW?	YES	NO	DON'T KNOW
AIDS		<input checked="" type="checkbox"/>		Night Sweats		<input checked="" type="checkbox"/>	
Asthma		<input checked="" type="checkbox"/>		Tumors, Cysts, or Growths		<input checked="" type="checkbox"/>	
Tuberculosis		<input checked="" type="checkbox"/>		Cramps in Your Legs		<input checked="" type="checkbox"/>	
Cancer or Tumor		<input checked="" type="checkbox"/>		Rupture or Hernia		<input checked="" type="checkbox"/>	
Diabetes		<input checked="" type="checkbox"/>		Recent Gain or Loss of Weight		<input checked="" type="checkbox"/>	
Emphysema		<input checked="" type="checkbox"/>		Frequent Indigestion			
Ear, Nose or Throat Trouble		<input checked="" type="checkbox"/>		Stomach Trouble or Ulcer		<input checked="" type="checkbox"/>	
Hearing loss		<input checked="" type="checkbox"/>		Hepatitis or Jaundice		<input checked="" type="checkbox"/>	
Chronic or Frequent Colds		<input checked="" type="checkbox"/>		Gall Bladder Trouble		<input checked="" type="checkbox"/>	
Hay Fever		<input checked="" type="checkbox"/>		Hemorrhoids or Rectal Trouble		<input checked="" type="checkbox"/>	
Severe Tooth or Gum Trouble		<input checked="" type="checkbox"/>		Head Injuries		<input checked="" type="checkbox"/>	
Shortness of Breath		<input checked="" type="checkbox"/>		Epilepsy or Seizures		<input checked="" type="checkbox"/>	
High Blood Pressure		<input checked="" type="checkbox"/>		Frequent or Severe Headaches		<input checked="" type="checkbox"/>	
Pain or Pressure in Heart	<input checked="" type="checkbox"/>			Loss of Memory or Amnesia		<input checked="" type="checkbox"/>	
Pounding Heart	<input checked="" type="checkbox"/>			Periods of Unconsciousness		<input checked="" type="checkbox"/>	
Arthritis or Bursitis		<input checked="" type="checkbox"/>		Paralysis, Numbness, Weakness		<input checked="" type="checkbox"/>	
Fractures (Broken Bones)		<input checked="" type="checkbox"/>		Dizziness, Fainting Spells		<input checked="" type="checkbox"/>	
Bone Joint or Other Deformity		<input checked="" type="checkbox"/>		Nervous Problem of Any Type		<input checked="" type="checkbox"/>	
Painful or Trick Shoulder		<input checked="" type="checkbox"/>		Alcoholism		<input checked="" type="checkbox"/>	
Foot Trouble		<input checked="" type="checkbox"/>		Syphilis, Gonorrhea		<input checked="" type="checkbox"/>	
Recurrent Back Trouble	<input checked="" type="checkbox"/>			Drug Allergies		<input checked="" type="checkbox"/>	
Swollen or Painful Joints		<input checked="" type="checkbox"/>		Lumps, Pain, Discharge on Breast		<input checked="" type="checkbox"/>	
Kidney Trouble		<input checked="" type="checkbox"/>		Change in Menstrual Pattern		<input checked="" type="checkbox"/>	
Frequent or Painful Urination		<input checked="" type="checkbox"/>		Pregnancy/Abortion, Miscarriage		<input checked="" type="checkbox"/>	
Blood in Urine		<input checked="" type="checkbox"/>		Treated for Female Disorder		<input checked="" type="checkbox"/>	
Recurrent Infections		<input checked="" type="checkbox"/>		Thyroid Trouble		<input checked="" type="checkbox"/>	
Rheumatic Fever		<input checked="" type="checkbox"/>					
YOUR PRESENT DOCTOR'S NAME (Address, Phone)				Have you ever been a patient or received treatment in a hospital? (surgery/injuries); state where, when, why & address			
Have you ever been treated for a mental condition? (If yes, state reason and give details.)				Have you ever taken narcotics? (If yes, state what kind, when you last took it, and if you are in a treatment program)			
Highest level of education (years) 11 (GED)				Additional Remarks: (use reverse side)			
Have you ever been incarcerated in this jail before? (If so, when?) Yes 96							

If you cannot read or do not understand any of the above questions, please notify a member of the jail staff and ask for assistance.

I certify that the above answers are true and correct to the best of my knowledge.

Adrian L. Foreman  
Signature of Inmate

Accepted by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Signature of Jailor

DAILY BOOKING SHEET  
LEE COUNTY JAIL  
OPELIKA, ALABAMA

Date 2-29-96

Social Security No. [REDACTED]

Time \_\_\_\_\_

I.D. NO. 10899Photo N FP ✓Name FOREMAN EDDIE Race B Sex M Age 22 Eyes BRO Hair BLKHt. 6'1" Wt. 166 DOB [REDACTED] NCIC Check cleared

Address [REDACTED] Street Apt. City State Zip

Made PX Yes ✓ No Reason CONTACT BONDSMEN M Both upper Arm's - left handNext of Kin JOAN FOREMAN Relationship MOTHERAddress [REDACTED] Street Apt. OPELIKA City State AL Zip Phone

CHARGE <u>UNLAWFUL POSS</u>	BOND <u>3,000</u>	CHARGE _____	BOND _____
CHARGE <u>Receipt of controlled</u>	BOND _____	CHARGE _____	BOND _____
CHARGE <u>Substance</u>	BOND _____	CHARGE _____	BOND _____

HOLDS:	AGENCY _____	CHARGE _____	BOND _____
	AGENCY _____	CHARGE _____	BOND _____
	AGENCY _____	CHARGE _____	BOND _____

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES ✓ NO \_\_\_\_\_a. IF SO, STATE YOUR PROBLEM(S) Need left hand checked2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES ✓ NO \_\_\_\_\_

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES \_\_\_\_\_ NO ✓ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES \_\_\_\_\_ NO ✓

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES \_\_\_\_\_ NO ✓ WHAT: \_\_\_\_\_6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES \_\_\_\_\_ NO ✓

a. DOCTOR'S NAME \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES \_\_\_\_\_ NO ✓

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh. 97 U.S. POSTAL SERVICE.

YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Person Arrested Eddie ForemanARRESTING OFFICER(S) Guden JamesBOOKING OFFICER PBBRAY

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 4-3-96Signature of Person Released Eddie ForemanTIME OF RELEASE 1300TYPE OF RELEASE Bail BondSignature of Release Officer PBBRAY

NAME FOREMAN EDDIE (FIRST)  
 (MIDDLE) LEWIS JR  
 (LAST) FOREMAN  
 Date of Arrest 2/29/96  
 ALIAS

(Form #3)

**\*ALL PROPERTY LEFT OVER 30 DAYS AFTER RELEASE WILL BE DISPOSED OF.**

[illegible]



**LEE COUNTY SHERIFF'S DEPARTMENT**  
**RECEIPT OF RULES AND REGULATIONS**  
**(FORM #7)**

I, Eddie Foreman, have received Handbook number 10A of the Lee County Sheriff's Department Rules and Regulations governing inmates. I understand that while in this institution I will abide by these Rules and Regulations.

Upon my release from this institution, I will return the Rules and Regulations Handbook. I also understand that I am responsible for a \$2.00 replacement fee for loss or damages to the Handbook. If I fail to pay the fee, criminal charges will be filed against me for destruction of Lee County property.

☐ Inmate stated that he/she was able to read the Rules and Regulations.

☐ Inmate stated that he/she was not able to read the Rules and Regulations and I explained the orientation rules to him/her.

Years of School GED

Eddie L. Foreman  
 Inmate Signature, Date & Time

P.B. Bray  
 Officer Signature, Date & Time

**RETURN OF RULES AND REGULATIONS**  
**FOR OFFICIAL USE ONLY**

Please check statement that applies to released inmate:

- ☒ Rules and Regulations Handbook number 10A was returned upon inmate's release
- ☐ Rules and Regulations Handbook number \_\_\_\_\_ was damaged or loss upon inmate's release.
- ☐ \$2.00 replacement fee was paid for damages.
- ☐ \$2.00 replacement fee was paid for loss.
- ☐ \$2.00 replacement fee was not paid by inmate.

Officer Comments: \_\_\_\_\_

\_\_\_\_\_

Eddie L. Foreman  
 Inmate Signature, Date & Time

P.B. Bray  
 Officer Signature, Date & Time

DAILY BOOKING SHEET  
LEE COUNTY JAIL  
OPELIKA, ALABAMA

Date 10-23-95Social Security No. [REDACTED]Time 3:30 pmI.D. NO. 10899Photo yes FP yesName FOREMAN, EDDIE LEWIS Race B Sex m Age 22 Eyes Brown Hair B/k  
(Last) (First)Ht. 6'1" Wt. 166 DOB [REDACTED] NCIC Check Clear (clear)Address [REDACTED] Street Apt. City State ZipMade PX Yes No X Reason notify family S/M/T 1" on left side of cheekNext of Kin John Foreman Relationship MotherAddress [REDACTED] Street Apt. City State Zip Phone no phone

CHARGE <u>Indecent, Dist Cont, Sub</u>	BOND <u>10,000.00</u>	CHARGE	BOND
CHARGE <u>Indecent, Dist + Cont, Sub</u>	BOND <u>10,000.00</u>	CHARGE	BOND
CHARGE	BOND	CHARGE	BOND

HOLDS:	AGENCY	CHARGE	BOND
	AGENCY	CHARGE	BOND
	AGENCY	CHARGE	BOND

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES NO X

a. IF SO, STATE YOUR PROBLEM(S) \_\_\_\_\_

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES NO X

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES NO X DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES NO X

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES NO X WHAT: \_\_\_\_\_6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES NO X

a. DOCTOR'S NAME \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES NO X

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh. 97 U.S. POSTAL SERVICE.

YES X NO \_\_\_\_\_Signature of Person Arrested [Signature]ARRESTING OFFICER(S) OPD. JamellBOOKING OFFICER Ausby

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 11-20-95 X John Foreman

Signature of Person Released

TIME OF RELEASE 5:00 pm J. Woodson

Signature of Release Officer

TYPE OF RELEASE Property BondDate of Arrest 10-23-95 ALIAS

(MIDDLE)

(FIRST)

(LAST)

NAME



(Form #3)

79

**Release**

[illegible]

**DAILY BOOKING SHEET**  
**LEE COUNTY JAIL**  
**OPELIKA, ALABAMA**

Date 10-15-92  
 Time 1233 PM

Social Security No. [REDACTED]  
 I.D. NO. 10899  
 Photo NO FP NO

Name FOREMAN EDDIE LEWIS Race B Sex M Age 19 Eyes BRN Hair BLK

Ht. 6-01 (LAST) (FIRST) Wt. 166 DOB [REDACTED] NCIC Check [REDACTED]

Address [REDACTED] STREET APT. CITY STATE ZIP

Made PX Yes ☒ No ☐ Reason S/M/T Multiple scars on face

Next of Kin Jean Foreman Relationship Mother

Address [REDACTED] STREET APT. CITY STATE ZIP Phone [REDACTED]

CHARGE 3 YRS BOND 0 CHARGE BOND

CHARGE B/E mtr veh BOND CHARGE BOND

CHARGE BOND CHARGE BOND

HOLDS: AGENCY CHARGE BOND

AGENCY CHARGE BOND

AGENCY CHARGE BOND

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES ☐ NO ☒

a. IF SO, STATE YOUR PROBLEM(S) \_\_\_\_\_

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES ☐ NO ☒ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES ☐ NO ☒ WHAT: \_\_\_\_\_

6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES ☐ NO ☒

a. DOCTOR'S NAME: \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES ☐ NO ☒

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh.97 U.S. POSTAL SERVICE.

YES ☒ NO ☐

Signature of Person Arrested Eddie Foreman

ARRESTING OFFICER(S) From Court

BOOKING OFFICER Dusne Diggs

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE-LEE CO. SHERIFFS DEPT.

DATE OF RELEASE 11-16-92

TIME OF RELEASE 0600

Signature of Person Released Eddie Foreman

ME FOREMAN (LAST) EDDIE (FIRST) LEWIS (MIDDLE) ALIAS None Date of Arrest 10-15-92

INMATE PERSONAL PROPERTY FORM

10-21-92 paper 3 letters given to donor

ALL PROPERTY LEFT OVER  
DAYS AFTER RELEASE WILL  
DISPOSED OF.

Eddie Freeman  
Signature

LOCATION OF PROPERTY

3

INMATE PROPERTY ISSUEI D E ID # 10899NAME: Foreman, Eddie DATE: 10-15-92 TIME 1233 HRS.ITEMS ISSUED TO THE INMATE:

	CONDITION		ISSUED	
	GOOD	FAIR	YES	NO
(1) Mattress # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Fitted Sheet # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Reg. Sheet # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Blanket # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Pants # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Shirt # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Towel # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Wash Cloth # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Toothpaste			<input type="checkbox"/>	<input type="checkbox"/>
(12) Toothbrush			<input type="checkbox"/>	<input type="checkbox"/>
(13) Soap			<input type="checkbox"/>	<input type="checkbox"/>
(14) Cup			<input type="checkbox"/>	<input type="checkbox"/>

NOTICE TO INMATE: DEFACING, DESTRUCTION, ALTERING, OR LOSS OF THE COUNTY PROPERTY THAT YOU HAVE BEEN ISSUED, WILL RESULT IN DISCIPLINARY AND OR CRIMINAL ACTION BEING TAKEN AGAINST YOU. ALL ISSUED ITEMS WILL BE RETURNED TO JAIL OFFICERS WHEN YOU ARE RELEASED.

I HAVE RECEIVED THE ABOVE LISTED ITEMS FROM THE LEE COUNTY SHERIFF'S DEPARTMENT AND I HAVE READ AND UNDERSTAND THE ABOVE "NOTICE TO THE INMATE" CONCERNING THE ISSUED ITEMS.

Eddie Foreman  
INMATE'S SIGNATURE

THE ABOVE INMATE HAS BEEN ISSUED THE ABOVE LISTED ITEMS AND HAS READ AND UNDERSTANDS THE "NOTICE TO THE INMATE". IF THE INMATE COULD NOT READ, I HAVE READ IT TO HIM/HER AND ANSWERED ANY QUESTIONS THAT THE INMATE MIGHT HAVE.

Duane Diggs  
JAILER'S SIGNATURE

CONDITION OF RETURNED ITEMS:

	GOOD	FAIR		GOOD	FAIR
(1) MATTRESS # _____	<input type="checkbox"/>	<input type="checkbox"/>	(6) CUP # _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) FITTED SHEET # _____	<input type="checkbox"/>	<input type="checkbox"/>	(7) SHIRT # _____	<input type="checkbox"/>	<input type="checkbox"/>
(3) BLANKET # _____	<input type="checkbox"/>	<input type="checkbox"/>	(8) TOWEL # _____	<input type="checkbox"/>	<input type="checkbox"/>
(4) PANTS # _____	<input type="checkbox"/>	<input type="checkbox"/>			
(5) SHEET (REG) # _____	<input type="checkbox"/>	<input type="checkbox"/>	(11) WASH CLOTH # _____	<input type="checkbox"/>	<input type="checkbox"/>

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ HRS.

JAILER'S SIGNATURE: \_\_\_\_\_

ADMISSION DATA-JAIL INMATE

LAST)	FIRST	MIDDLE	RACE:	SEX:	DOB:
Foreman	Eddie	Lewis	B	M	
DATE OF BIRTH:	CHARGE:		ASSIGNED TO CELL BLOCK		
10-15-92	3 YRS B&E auto				

ALLERGIES: (MAKE SURE YOU PUT IN MEDICAL FOLDER)

None

HAVE YOU EVER BEEN TREATED FOR: (CIRCLE EITHER YES OR NO)

ASTHMA	YES	<input type="radio"/> NO
HEART TROUBLE	YES	<input type="radio"/> NO
HYPERTENSION	YES	<input type="radio"/> NO
DIABETES	YES	<input type="radio"/> NO
EPILEPSY OR SEIZURES	YES	<input type="radio"/> NO
DRUG ADDICTION	YES	<input type="radio"/> NO
ALCOHOLISM	YES	<input type="radio"/> NO
MENTAL ILLNESS	YES	<input type="radio"/> NO
VENEREAL DISEASE	YES	<input type="radio"/> NO
TUBERCULOSIS	YES	<input type="radio"/> NO
TESTED FOR HIV (AIDS)	<input type="radio"/> YES	<input type="radio"/> NO

IF TESTED WHERE YOU POSITIVE OR NEGATIVE

IF YES TO ANY OF THE ABOVE QUESTIONS, GIVE DATE AND TREATMENT RECEIVED:

DO YOU HAVE ANY MEDICATIONS, PRESCRIPTIONS, OR CURRENT MEDICAL PROBLEMS THAT NEED ATTENTION?

None

WAS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY SEEN ON INMATE?

No

WERE THESE INJURIES RECEIVED ACCORDING TO INMATE?

WAS INMATE TREATED FOR THESE INJURIES PRIOR TO ADMISSION?

YES OR NO (CIRCLE ONE)

IF INMATE WAS TREATED FOR THESE INJURIES PRIOR TO ADMISSION WHERE AT AND WHAT TIME?

DATE:	TIME:	TREATMENT'S AND OBSERVATION	ATTENDING PHYSICIAN

LEE COUNTY SHERIFF'S DEPARTMENT

JAIL DIVISION

ENEMIES LIST

DATE: 10-15-92 TIME: 1233

Foreman, Eddie I.D.# 10899  
INMATE'S NAME

(1) HAS STATED THAT THE FOLLOWING INMATE'S WOULD CAUSE HARM TO HIM IF  
PLACED IN THE SAME CELL.

✓ (2) HAS STATED THAT NO INMATE'S OF THE LEE COUNTY JAIL WOULD CAUSE HIM  
HARM AFTER BEING SHOWN A COPY OF THE JAIL LIST.

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

\_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

\_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

\_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

\_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duane Digge  
JAILER'S NAME

Eddie Foreman  
INMATE'S NAME



LEE COUNTY SHERIFF'S DEPARTMENT  
JAIL DIVISION

REGULATIONS RECEIPT

I.D. # 10899

DATE: 10-15-92 TIME: 1233 HRS.

I Eddie Foreman HAVE RECEIVED A COPY OF THE  
RULES AND REGULATIONS GOVERNING INMATES IN THE LEE COUNTY JAIL. I  
UNDERSTAND THAT WHILE IN THIS INSTITUTION I WILL ABIDE BY THESE RULES  
AND REGULATIONS.

I WILL RETURN THE COPY OF THE RULES AND REGULATIONS UPON MY RELEASE FROM  
JAIL. I ALSO UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE LOSS OR ANY  
DAMAGE OF THE INMATE RULES AND REGULATIONS HANDBOOK.

GRADE COMPLETED IN SCHOOL: 11

x Eddie Foreman  
INMATES SIGNATURE

**DAILY BOOKING SHEET  
LEE COUNTY JAIL  
OPELIKA, ALABAMA**

Date 9/3/92  
Time 10:00 PM

Social Security No. [REDACTED]  
I.D. NO. 10899  
Photo yes

Name Foreman, Eddie Lewis Race B Sex M Age 18 Eyes Brn Hair Blk  
Ht. 6'01 (LAST) Wt. 166 (FIRST) DOB [REDACTED] NCIC Check Clear 9/3/92 - Pate

Address [REDACTED] STREET APT CITY STATE ZIP

Made PX Yes ☒ No Reason Bond S/M/T Multi scars on face

Next of Kin Jean Foreman Relationship Mother

Address [REDACTED] STREET APT CITY STATE ZIP Phone

CHARGE Unlaw. Pass on BOND \$3,000.00 CHARGE Resisting Arrest BOND 1,000.00

CHARGE Receipt of Cont BOND CHARGE BOND

CHARGE Substance BOND CHARGE BOND

HOLDS: AGENCY CHARGE BOND

AGENCY CHARGE BOND

AGENCY CHARGE BOND

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES ☐ NO ☒

a. IF SO, STATE YOUR PROBLEM(S) \_\_\_\_\_

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES ☐ NO ☒ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES ☐ NO ☒ WHAT: \_\_\_\_\_

6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES ☐ NO ☒

a. DOCTOR'S NAME: \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES ☐ NO ☒

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh.97 U.S. POSTAL SERVICE.

YES ☒ NO ☐

Signature of Person Arrested

ARRESTING OFFICER(S)

BOOKING OFFICER

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE CO. SHERIFFS DEPT.

DATE OF RELEASE

TIME OF RELEASE

Signature of Person Released

ALIAS None

Date of Arrest 9/3/92

(FIRST) Eddie Lewis (MIDDLE)

(LAST) Foreman



[illegible]

## ADMISSION DATA-JAIL INMATE'S MEDICAL RECORD

INMATE'S FILE NUMBER

10899

LAST NAME <i>Foreman,</i>	FIRST <i>Eddie</i>	MIDDLE <i>Lewis</i>	RACE: <i>B</i>	SEX: <i>M</i>	DOB: <i>[REDACTED]</i>
CHARGE: <i>Unlaw Pass / Receipt Cont Sub</i>			ASSIGNED TO CELL BLOCK:		
DATE: <i>9/3/92</i>					

REMARKS: (MAKE SURE YOU PUT IN MEDICAL FOLDER)

WAS YOU EVER BEEN TREATED FOR: (CIRCLE EITHER YES OR NO)

ASTHMA	YES	<input checked="" type="radio"/> NO
HEART TROUBLE	YES	<input checked="" type="radio"/> NO
HYPERTENSION	YES	<input checked="" type="radio"/> NO
DIABETES	YES	<input checked="" type="radio"/> NO
EPILEPSY OR SEIZURES	YES	<input checked="" type="radio"/> NO
ALCOHOLISM	YES	<input checked="" type="radio"/> NO
PSYCHIC ILLNESS	YES	<input checked="" type="radio"/> NO
CHRONIC DISEASE	YES	<input checked="" type="radio"/> NO
EMPHYSEMA	YES	<input checked="" type="radio"/> NO
TESTED FOR HIV (AIDS)	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO

IF TESTED WHERE YOU POSITIVE OR NEGATIVE

IF YES TO ANY OF THE ABOVE QUESTIONS, GIVE DATE AND TREATMENT RECEIVED:

*11. Tested approx 2 yrs ago*

DO YOU HAVE ANY MEDICATIONS, PRESCRIPTIONS, OR CURRENT MEDICAL PROBLEMS THAT NEED ATTENTION?

*NO*

DO YOU HAVE ANY EVIDENCE OF PREVIOUS PHYSICAL INJURY SEEN ON INMATE?

*NO*

DO YOU HAVE ANY INJURIES RECEIVED PRIOR TO INMATE?

*NA*

DO YOU HAVE ANY INJURIES PRIOR TO ADMISSION?

YES OR NO (CIRCLE ONE)

*NA*

DO YOU HAVE ANY INJURIES PRIOR TO ADMISSION WHERE AT AND WHAT TIME?

*NA*

DATE:	TIME:	ATTENDING PHYSICIAN:

COUNTY SHERIFF'S DEPARTMENT  
JAIL DIVISION

## INMATE PROPERTY ISSUE

INMATE ID # 10899Foreman, EddieDATE: 9/2/92 TIME 10:00 AM

## ITEMS ISSUED TO THE INMATE:

	CONDITION		ISSUED	
	GOOD	FAIR	YES	NO
(1) Mattress # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Fitted Sheet # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Reg. Sheet # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Blanket # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Pants # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Shirt # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9) Towel # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10) Wash Cloth # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Toothpaste			<input checked="" type="checkbox"/>	<input type="checkbox"/>
(12) Toothbrush			<input checked="" type="checkbox"/>	<input type="checkbox"/>
(13) Soap			<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) Cup			<input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTICE TO INMATE: DEFACING, DESTRUCTION, ALTERING, OR LOSS OF THE COUNTY PROPERTY THAT YOU HAVE BEEN ISSUED, WILL RESULT IN DISCIPLINARY AND OR CRIMINAL ACTION BEING TAKEN AGAINST YOU. ALL ISSUED ITEMS WILL BE RETURNED TO JAIL OFFICERS WHEN YOU ARE RELEASED.

I HAVE RECEIVED THE ABOVE LISTED ITEMS FROM THE LEE COUNTY SHERIFF'S DEPARTMENT AND I HAVE READ AND UNDERSTAND THE ABOVE "NOTICE TO THE INMATE" CONCERNING THE ISSUED ITEMS.

Eddie Foreman  
INMATE SIGNATURE

THE ABOVE INMATE HAS BEEN ISSUED THE ABOVE LISTED ITEMS AND HAS READ AND UNDERSTANDS THE "NOTICE TO THE INMATE". IF THE INMATE COULD NOT READ, I HAVE READ IT TO HIM/HER AND ANSWERED ANY QUESTIONS THAT THE INMATE MIGHT HAVE.

B. Leshook  
JAIL DIVISION SIGNATURE

## RETURN OF RETURNED ITEMS:

	GOOD	FAIR		GOOD	FAIR
(1) MATTRESS # _____	<input type="checkbox"/>	<input type="checkbox"/>	(6) CUP # _____	<input type="checkbox"/>	<input type="checkbox"/>
(2) FITTED SHEET # _____	<input type="checkbox"/>	<input type="checkbox"/>	(7) SHIRT # _____	<input type="checkbox"/>	<input type="checkbox"/>
(3) BLANKET # _____	<input type="checkbox"/>	<input type="checkbox"/>	(8) TOWEL # _____	<input type="checkbox"/>	<input type="checkbox"/>
(4) PANTS # _____	<input type="checkbox"/>	<input type="checkbox"/>			
(5) SHEET (REG) # _____	<input type="checkbox"/>	<input type="checkbox"/>	(11) WASH CLOTH # _____	<input type="checkbox"/>	<input type="checkbox"/>

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ HRS.

LEE COUNTY SHERIFF'S DEPARTMENT

JAIL DIVISION

ENEMIES LIST

DATE: 9/3/92 TIME: 10:00 AM  
Foreman, Eddie 10899  
INMATES NAME I.D.#

- (1) HAS STATED THAT THE FOLLOWING INMATES WOULD CAUSE HARM TO HIM IF PLACED IN THE SAME CELL.
- ☒ (2) HAS STATED THAT NO INMATES OF THE LEE COUNTY JAIL WOULD CAUSE HIM HARM AFTER BEING SHOWN A COPY OF THE JAIL LIST.

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ REASON: \_\_\_\_\_

B. Seabrook Eddie Foreman  
JAILER'S NAME INMATE'S SIGNATURE